



## INFORMATION SHEET FOR SHUTTLE SERVICE

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 EMAIL: LICENSE @MILWAUKEE.GOV

**LICENSE PERIOD:** Biennial; expires April 30 in odd-numbered years, regardless of the date of issuance.

**FEE:** \$150 per application. Fee must accompany application. Make check payable to: **CITY OF MILWAUKEE.**

**ELIGIBILITY:** Shuttle vehicle means a privately owned vehicle which is solely engaged in the business of carrying passengers in either a:

- Shared ride service for hire on a fixed route and fixed schedule to and from predetermined locations; or
- Group travel service for hire on a prereserved basis only, provided that the vehicle has a passenger-carrying capacity of 11 or more persons, excluding the driver.

**Note:** The minimum passenger-carrying capacity does not apply to shuttle vehicles providing a shared ride service for hire on a fixed route and fixed schedule to and from predetermined locations.

**APPLICATION:** Applications must be filled out completely and returned to: City Hall, Room 105, License Division, 200 E. Wells Street. Phone: (414) 286-2238.

**SIGNATURES:** Individuals, all partners; if Corporation, the agent, president & secretary must sign; if Limited Liability Company, the Agent and all members must sign.

**ALL SIGNATURES MUST BE NOTARIZED**

The applicant shall file, with the application the attached "Letter of Intent" outlining his or her intentions of purchasing a proper vehicle to be used for this service, and the proper amounts of liability insurance, satisfying all the requirements of ch. 100 of the Milwaukee Code of Ordinances.

**FINGERPRINTING:** Each person named on the application, including stockholders of a corporation or LLC owning 20% or more

stock, shall be fingerprinted by the Police Department at 951 N. James Lovell Street (7th St), Room 305.

**ROUTES AND SCHEDULES:** Applicants must list on the application the specific times and routes the vehicles will follow. Attach a separate sheet, if needed.

Vehicles which do not operate on a fixed route and fixed schedule, but meet the definition of shuttle by providing group travel service for hire on a prereserved basis only, provided that the vehicle has a passenger-carrying capacity of 11 or more persons, excluding the driver, do not need to list specific times and routes.

**ADDITIONAL LICENSE:** Each and every person driving a shuttle service vehicle in the City of Milwaukee *must* be licensed as a Public Passenger Vehicle driver. Please contact the License Division office for application forms.

**REFUND OF LICENSE FEE:** If an application is withdrawn or denied, you are eligible for a refund in the amount of \$100, provided the refund is requested no later than one year from the date of withdrawal or denial of the application. If a license is not issued, the refund must be requested no later than one year from the date of application, unless the license has been granted, in which case no later than one year from the date of granting of the license.

**DUPLICATE LICENSE FEE:** The fee for a duplicate license is \$8. You must bring current photo identification.

Regulations relating to SHUTTLE SERVICE are provided in ch. 100 of the Milwaukee Code of Ordinances and are available online at <http://www.milwaukee.gov/ordinances> or can be purchased from the Legislative Reference Bureau in City Hall, Room B-11.



## PUBLIC PASSENGER VEHICLE: SHUTTLE SERVICE PERMIT APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION  
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(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

Individuals or Partnerships ONLY: Complete section 1 below.  
ALL applicants: Complete sections 2 and 4 below.  
Corporations / LLCs ONLY: Complete section 3.

<b>1</b>	<b><u>INDIVIDUAL OR PARTNERSHIP:</u></b>		<b><u>If Partnership, Partner #2</u></b>	
	Full Name (Last, First & Middle Initial)		Full Name (Last, First & Middle Initial)	
	Home Street Address:		Home Street Address:	
	Home City, State, Zip Code:		Home City, State, Zip Code:	
	Home Phone Number: (    )       -		Home Phone Number: (    )       -	
<b>2</b>	Date of Birth:		Date of Birth:	
	Business Name:		Business Phone Number: (    )       -	
	Business Address (include City, State, Zip Code):			
Has anyone on this application been convicted of violating any federal laws, state or local ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of person, date of conviction, charge and penalty: _____ _____				
<b>3</b>	<b>Full Name of corporation or limited liability company:</b>			
	Agent Full Name (Last, First & Middle Initial):			
	Home Address (include City, State & Zip Code):			
	Home Phone Number: (    )       -		Date of Birth:	
	<b><u>President/Member</u></b>		<b><u>Vice President/Member</u></b>	
	Full Name (Last, First & Middle Initial):		Full Name (Last, First & Middle Initial):	
	Home Street Address:		Home Street Address:	
	Home City, State, Zip Code:		Home City, State, Zip Code:	
	Home Phone Number: (    )       -		Home Phone Number: (    )       -	
	Date of Birth:		Date of Birth:	

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